

Application Data Sheet

Application Information

Application number::
Filing Date:: 01/30/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: COMBINATION OF AN ALDOSTERONE
RECEPTOR ANTAGONIST AND AN ANTI-
DIABETIC AGENT
Attorney Docket Number:: 161765.00002
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Eric
Middle Name:: Arthur
Family Name:: Gulve
Name Suffix::
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 549 Hollywood Place

City of mailing address:: St. Louis
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63110

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Ellen
Middle Name:: Garwitz
Family Name:: McMahon
Name Suffix::
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 9154 Park Haven Lane

City of mailing address:: St. Louis
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63126

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/454,326	03/14/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Pharmacia Corporation
Street of mailing address:: P.O. Box 1027
City of mailing address:: St. Louis
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63006